

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

38353

JAN 4 1934

PLACE OF DEATH

County JacksonRegistration District No. 398Township BluePrimary Registration District No. 3019City Independence (No. _____)

St. _____ Ward _____

FULL NAME

Maria Sofia Lundquist(a) Residence, No. 1320 W. Kensington

Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF widowed

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 8, 1848

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>85</u>	<u>7</u>	<u>24</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>Housewife</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	
	11. Total time (years) spent in this occupation	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bettina Sweden13. NAME Aloar Mattson14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown15. MAIDEN NAME unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown17. INFORMANT David Lundquist
(ADDRESS) Snep, 2nd18. BURIAL, CREMATION, OR REMOVAL
PLACE Mount Hope DATE Nov 14 - 193319. UNDERTAKER Agony Funeral Home
(ADDRESS) Independence, Mo20. FILED Nov. 4, 1933 Dr. A. L. Cook
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 1 - 193322. I HEREBY CERTIFY That I attended deceased from Oct. 27, 1933 to Nov 1, 1933I last saw her alive on Nov 1, 1933 Death is saidto have occurred on the date stated above, at 10:30 P. M.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis Date of onset ?95AOther contributory causes of importance: Bronchopneumonia (Oct 28)

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) Chas. Gratzke, M. D.(Address) Independence, Mo

